## COMBINED DECLARATION AND POWER OF ATTORNEY

(Continuation or CIP Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled TUBULAR MEDICAL ENDOPROSTHESES the specification of which

<u>X</u>	is attached her	reto.						
	was filed on _							
	as Application Serial No. and was amended on							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).  I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:  Prior Foreign Application(s):								
Numbe	er	Country	Date Filed	Yes	No			
Numbe	er .	Country	Date Filed	Yes	No			
Numbe	r	Country	Date Filed	Yes	No			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
07/861,253 March 31, 19 (Application Serial No.) (Filing Date			Pending (Status)					
(Applic	ration Serial No.	) (Filing	g Date)	(Status)				

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: John N. Williams, Reg. No. 18,948; Timothy A. French, Reg. 30,175; John J. Gagel, Reg. No. 33,499.

Address all telephone calls to John N. Williams at telephone no. (617) 542-5070.

Address all correspondence to John N. Williams Fish & Richardson, 225 Franklin Street, Boston, MA 02110-2804.

## 

## COMBINED DECLARATION AND POWER OF ATTORNEY - CONTINUED (Continuation or CIP Application)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor Kevin R. Heath			
Inventor's Signature Zan 1 Caff	Date _	7/1/92	····
Residence 44 Wabun Avenue, Providence, Rhode Island 02908			
Citizenship U.S.A.			
Post Office Address 44 Wabun Avenue, Providence, Rhode Island	02908		